

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
2012 APR 30 AM 11:51  
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Farmers Mutual Hail Insurance Company of Iowa  
Political Action Committee

ADDRESS (number and street)

6785 Westown Parkway

☐ Check if different than previously reported. (ACC)

West Des Moines

IA

50266-7727

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00117614

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☒ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)  
☐ Mar 20 (M3)  
☐ Apr 20 (M4)

- ☐ May 20 (M5)  
☐ Jun 20 (M6)  
☐ Jul 20 (M7)

- ☐ Aug 20 (M8)  
☐ Sep 20 (M9)  
☐ Oct 20 (M10)

- ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P)  
☐ Convention (12C)

- ☐ General (12G)  
☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- ☐ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2011

through

MM / DD / YYYY  
12 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT McENTEE

Signature of Treasurer

*Scott McEntee*

Date

MM / DD / YYYY  
04 / 24 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

12030794873

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

Report Covering the Period:

From:

07 / 01 / 2011

To:

12 / 31 / 2011

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2011	4743899
(b) Cash on Hand at Beginning of Reporting Period.....	5050704	
(c) Total Receipts (from Line 19) .....	504954	1268259
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5555658	6012158
7. Total Disbursements (from Line 31) .....	610000	1066500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4945658	4945658
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

Report Covering the Period: From: **07 / 01 / 2011** To: **12 / 31 / 2011**

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

**11. Contributions (other than loans) From:**

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

3 1 9 7 6 0

6 9 5 7 6 8

(ii) Unitemized .....

1 8 5 1 1 9

5 7 2 4 1 6

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

5 0 4 8 7 9

1 2 6 8 1 8 4

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5) .....

5 0 4 8 7 9

1 2 6 8 1 8 4

**12. Transfers From Affiliated/Other  
Party Committees .....**

**13. All Loans Received .....**

**14. Loan Repayments Received .....**

**15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5) .....**

**16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees .....**

**17. Other Federal Receipts  
(Dividends, Interest, etc.) .....**

7 5

7 5

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account  
(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

**19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....**

5 0 4 9 5 4

1 2 6 8 2 5 9

**20. Total Federal Receipts  
(subtract Line 18(c) from Line 19) .....**

5 0 4 9 5 4

1 2 6 8 2 5 9

12030794875



DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-  
penditures

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
34. Total Contribution Refunds  
(from Line 28(d)) .....
35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

5	0	4	8	7	9

1	2	6	8	1	8	4

6	5	0	0

6	5	0	0

12030794877

12030794878

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 1 OF 6	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

A. Full Name (Last, First, Middle Initial) <b>Cindi Anderson</b>		Date of Receipt <div>MM / DD / YYYY</div> <div><input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction</div>
Mailing Address <b>15934 Rosewood Ct.</b>		Amount of Each Receipt this Period <div>0000000000</div> <div>9420</div>
City State Zip Code <b>Clive, IA. 50325</b>		
FEC ID number of contributing federal political committee. <div>C00117614</div>		
Name of Employer Occupation <b>Farmers Mutual Hail Ins. Co. AVP Compliance</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>0000000000</div> <div>20724</div>

B. Full Name (Last, First, Middle Initial) <b>Larry Casey</b>		Date of Receipt <div>MM / DD / YYYY</div> <div><input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction</div>
Mailing Address <b>718 Stonegate Ct SW</b>		Amount of Each Receipt this Period <div>0000000000</div> <div>15640</div>
City State Zip Code <b>Altoona, IA 50009-9628</b>		
FEC ID number of contributing federal political committee. <div>C00117614</div>		
Name of Employer Occupation <b>Farmers Mutual Hail Ins. Co. VP IS</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>0000000000</div> <div>34408</div>

C. Full Name (Last, First, Middle Initial) <b>Robert Dammen</b>		Date of Receipt <div>MM / DD / YYYY</div> <div><input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Deduction</div>
Mailing Address <b>737 Cambridge Dr.</b>		Amount of Each Receipt this Period <div>0000000000</div> <div>10210</div>
City State Zip Code <b>Janesville, WI 53548</b>		
FEC ID number of contributing federal political committee. <div>C00117614</div>		
Name of Employer Occupation <b>Farmers Mutual Hail Ins. Co. State Supervisor</b>		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>0000000000</div> <div>22462</div>

SUBTOTAL of Receipts This Page (optional).....▶	<div>0000000000</div> <div>35270</div>
TOTAL This Period (last page this line number only).....▶	<div>0000000000</div>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 6  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Darin Roggenburg

Mailing Address

2035 134th Street

City

State

Zip Code

Clive, IA. 50325

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

CFO

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9 5 4 8 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

4 3 4 0 0

B.

Full Name (Last, First, Middle Initial)

Constance Doud

Mailing Address

5200 Pond View Cir

City

State

Zip Code

Des Moines, IA 50317

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Analyst

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 3 2 8

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

9 2 4 0

C.

Full Name (Last, First, Middle Initial)

Larry Ewart

Mailing Address

15188 Bryn Mawr

City

State

Zip Code

Clive, IA 50325

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

VP Claims

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 3 1 9 8

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

1 5 0 9 0

SUBTOTAL of Receipts This Page (optional).....▶

6 7 7 3 0

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) **Myron Hall**

Mailing Address  
**4102 NE 48th St.**

City **Des Moines, IA.** State **IA.** Zip Code **50317**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Manger IS**

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 0 2 1 8**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period

**9 1 9 0**

Full Name (Last, First, Middle Initial) **Kevin Johnson**

Mailing Address  
**1783 Maple Ct.**

City **Winterset, IA.** State **IA.** Zip Code **50273**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **VP Sales**

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**3 4 4 0 8**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period

**1 5 6 4 0**

Full Name (Last, First, Middle Initial) **Ken Lilgedahl**

Mailing Address  
**8935 Lyndhurst**

City **Johnson, IA** State **IA** Zip Code **50131**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **VP Operations**

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 8 2 0 0**

Date of Receipt

**01/03/2011**

Amount of Each Receipt this Period

**0 0 0**

SUBTOTAL of Receipts This Page (optional).....▶

**2 4 8 3 0**

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 6

(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) **Grant Krohn**

Mailing Address  
**26818 N Ave**

City **Adel, IA 50003** State Zip Code

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **AVP QC**

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 3 1 8 8**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period

**1 0 5 4 0**

Full Name (Last, First, Middle Initial) **Oscar Deardorff**

Mailing Address  
**15806 Maple Drive**

City **Urbandale, IA. 50232** State Zip Code

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **Deceased**

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**3 5 0 0 0**

Date of Receipt

**01/06/2011**

Amount of Each Receipt this Period

**0 0 0**

Full Name (Last, First, Middle Initial) **Ron Rutledge**

Mailing Address  
**240 Linden Drive**

City **Waukee, IA. 50263** State Zip Code

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **President**

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 3 0 7 4 6**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period

**5 9 4 3 0**

SUBTOTAL of Receipts This Page (optional).....▶

**6 9 9 7 0**

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Shannon Rutledge

Date of Receipt

Payroll Deduction

Mailing Address

2273 NE 88th Street

City

State

Zip Code

Altoona, IA 50009

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

3 7 0 1 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

SVP MPC

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8 1 4 2 2

Full Name (Last, First, Middle Initial)

Steve Fischer

Date of Receipt

12/29/2011

Mailing Address

603 13th Street SE

City

State

Zip Code

Altoona, IA 50009

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

7 5 0 0 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

VP HR

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 4 5 0 0 0

Full Name (Last, First, Middle Initial)

Steve Rutledge

Date of Receipt

01/08/2011

Mailing Address

3421 Briar Ridge

City

State

Zip Code

West Des Moines, IA 50265

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

0 0 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Board of Directors

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7 5 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶

1 1 2 0 1 0

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 6

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Bryant Tjeerdsma

Mailing Address

8855 Kingman Drive

City

State

Zip Code

West Des Moines, IA. 50266

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Crop Underwriting

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2 1 8 9 0

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

9 9 5 0

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

9 9 5 0

TOTAL This Period (last page this line number only).....▶

3 1 9 7 6 0

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Crop Insurance and Reinsurance Bureau PAC

Mailing Address

201 Massachusetts Ave NE, Suite C-5

City

Washington, DC 20002

State

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

0 1 1

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

0 8 / 0 4 / 2 0 1 1

Amount of Each Disbursement this Period

5 0 0 0 0 0

B.

The Governor Branstad Committee

Mailing Address

PO Box 268

City

Brooklyn, IA 52211

State

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

Terry Branstad

0 1 1

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

0 8 / 0 2 / 2 0 1 1

Amount of Each Disbursement this Period

5 0 0 0 0 0

C.

Kapucian For State Senate

Mailing Address

1275 69th Street

City

Keystone, IA 52249

State

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

Tim Kapucian

0 1 1

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: Iowa

District: 20

Date of Disbursement

1 0 / 0 4 / 2 0 1 1

Amount of Each Disbursement this Period

1 0 0 0 0 0

SUBTOTAL of Disbursements This Page (optional).....▶

5 6 0 0 0 0

TOTAL This Period (last page this line number only).....▶

12030794884

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

A.

King For Congress

Date of Disbursement

1 0 / 2 4 / 2 0 1 1

Mailing Address

116 N. Main St

City

State

Zip Code

Early, IA 50535

Purpose of Disbursement

Contribution

0 1 1

Category/  
Type

Amount of Each Disbursement this Period

5 0 0 0 0

Candidate Name

Steve King

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

0 1 1

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

0 1 1

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

5 0 0 0 0


TOTAL This Period (last page this line number only).....▶

6 1 0 0 0 0

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